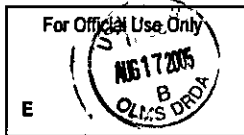


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



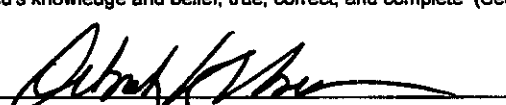
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 9370	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name DEBORAH K VOYES P O Box, Bldg, Room No, if any SUITE 200 Street 501 W NORTHERN LIGHTS BLVD City ANCHORAGE State ALASKA ZIP Code + 4 99503-2577	4 Name, file number, and address of labor organization Name UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1496 Labor Organization File Number 002580 P O Box, Building and Room Number, if any SUITE 200 Street 501 W NORTHERN LIGHTS BLVD City ANCHORAGE State ALASKA ZIP Code + 4 99503-2577
5 Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income 7 b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/8/05 Date	907-258-1496 Telephone Number

Name of Person Filing DEBORAH K VOYES	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name CHRIS WORLEY Trade Name, if any KENNEDY ASSOC. P O Box, Bldg, Room No, if any SUITE 2400 Street 1215 FOURTH AVE City SEATTLE State WASHINGTON ZIP Code + 4 98161-1099	14 a Nature of payment. MARCH 15 DINNER
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. 35.00

Name of Person Filing DERORAH K VOYES	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg , Room No , if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
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10 If 9 b or 9 c. is checked give trust or employer's name Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg , Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12 a Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 12 b Amount. <input type="text"/>
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name AKUFLW HEALTH & PENSION TRUSTS Trade Name, if any WELFARE & PENSION SERVICES P O Box, Bldg , Room No , if any PO BOX 34203 Street <input type="text"/> City SEATTLE State WASHINGTON ZIP Code + 4 98124-1203	14 a. Nature of payment. <div style="border: 1px solid black; padding: 5px; text-align: center;">MARCH 15-16 MEETING IN SEATTLE REIMBURSE TRAVEL EXPENSES</div> 14 b Amount of payment. <input style="width: 100px;" type="text" value="859.18"/>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	

Name of Person Filing DEBORAH K VOYES	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg, Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c. is checked give trust or employer's name Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg, Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a. Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12.a Nature of interest held or income received. <input type="text"/> 12 b Amount. <input type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name AK UFCW HEALTH & PENSION TRUSTS Trade Name, if any WELFARE & PENSION SERVICES P O. Box, Bldg, Room No., if any PO BOX 34203 Street <input type="text"/> City SEATTLE State WASHINGTON ZIP Code + 4 98124-1203	14 a Nature of payment. DEC. 2-3 MEETING IN SEATTLE REIMBURSE TRAVEL EXPENSES
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. 749.36